

FILED JAN 19 1951

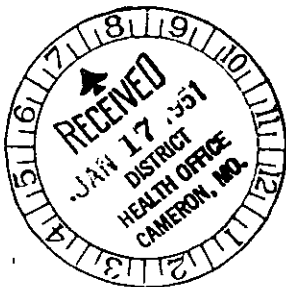
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 690

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4165</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u> c. LENGTH OF STAY (in this place) <u>17 Yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>---</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u> d. STREET ADDRESS (If rural, give location) <u>---</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u> b. (Middle) <u>D.</u> c. (Last) <u>Wilkerson</u>		4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>3</u> (Year) <u>1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 22 1895</u>	
9. AGE (In years last birthday) <u>55</u>		10. UNDER 1 YEAR <u>4</u> MONTHS <u>11</u> DAYS <u>11</u> HOURS <u>---</u> MIN. <u>---</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Saw Mill Operator</u>		11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas Wilkerson</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Bisbee</u>		14. NAME OF HUSBAND OR WIFE <u>Annabel Wilkerson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>487-14-9372</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Annabel Wilkerson</u> ADDRESS <u>Gallatin, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sclerosis of Coronary artery</u> DUE TO (c) <u>Cardiac asthma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1950</u> , to <u>Jan 3, 1951</u> , that I last saw the deceased alive on <u>Jan 2, 1951</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mr. Bailey</u> (Name or title)		23b. ADDRESS <u>Gallatin, Mo.</u>		23c. DATE SIGNED <u>Jan 2 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10 Jan. 1951</u>		REGISTRAR'S SIGNATURE <u>Vergene M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. O. Hickman</u> ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



1961. 1/2

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*L. O. Picherson*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3302*

P. O. Address *Gallatin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.